World Chronicle

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WORLD HEALTH ORGANIZATION

As part of the United Nations system, the World Health Organization (WHO) has a daunting mission statement: to set global standards for health and improve the quality of life worldwide. It carries out programmes to control and eradicate diseases and encourages governments to share health technology and information. This year, WHO completes fifty years of existence. Dr. Gro Harlem Brundtland, Director-General of WHO, evaluates the Agency's past efforts and looks forward to future initiatives.

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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues.

Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**.

The founders of the World Health Organization, WHO, defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." As WHO celebrates its fiftieth anniversary, how successful has it been in securing the health of people and what new initiatives are being planned?

Our guest today is Dr. Gro Harlem Brundtland, former Prime Minister of Norway, who took up the post of Director-General of WHO earlier this year.

Joining me to talk with Dr. Brundtland is Thalif Deen of *Inter Press Service* and Anne Penketh of *Agence France-Presse, AFP*.

Dr. Brundtland , welcome to **World Chronicle**.

Dr. Brundtland, your slogan "health for all" is very grand but unattainable, what really does it mean?

BRUNDTLAND: Well, it certainly could not have been "health for half". So I think, if we look at the founding fathers and the member nations fifty years ago, or the people in 1978 in Alma Ata who formulated the goal of "health for all", what they were discussing was of course what are the basic human rights with regard to health which should be set as a goal for everyone. And that is an ambitious goal and it is clear that we are far from that goal today. When we look around the world there is poverty, there is malaria, there is HIV/AIDS, there are diseases re-emerging, like tuberculosis. Many people do not get the treatment that they could have even if the treatment is available technically. So there is a big agenda in health but it is very closely related to the social and economic development of nations and to the equity and solidarity principle whether you alleviate and fight poverty or not and also how successful that development effort is.

LITTLEJOHNS: Obviously, your doctors in WHO do not make house calls, so how does the WHO go about its business?

BRUNDTLAND: The World Health Organization of course in its governing

body, the World Health Assembly, has usually – and there is a broad picture – the Health Minister's meeting once a year for little more than a week, addressing issues of common concern, looking at it from a health perspective. Now that means, and I want to mention this because it is after all our member states who own the Organization and we are supporting, helping governments and civil society, I add that, in trying to attain the high goals that were set by the founding fathers. And of course, by working together, by sharing the knowledge, by gathering the evidence and by learning from each other's successes and failures we can help in setting the priorities and moving the agenda for health in all nations. But it is a question also of priority setting inside each nation. We have nations that give too little priority to health, too much to other sectors –and you can always have an evaluation of it – but clearly it is not only the question of ....

LITTLEJOHNS: But these are mostly developing countries, I presume?

BRUNDTLAND: Well ...

LITTLEJOHNS: Some developed countries too don't give enough priority to health?

BRUNDTLAND: Well, I think there are two questions involved in this. It is not only the question how big a part of the national product goes into the health activities but it's a question of the distribution of that effort. Does it reach the poorest population groups or not? So there are at least two major questions. The developing world, yes, there are developing nations that give too high a priority to other sectors, for instance military expenditures, while they give very little attention to poor population groups and to health expenditures. So there are many differences in this picture. But we of course are serving member countries and trying to support health, give advice. And in all developing countries, the WHO, the World Health Organization, has an office, people serving at the country level trying to help governments, health ministries to get the best advice and to support their programmes.

DEEN: Dr. Brundtland, if I remember right, within weeks of your taking over as the new head of WHO you got a substantial amount of money from the private sector, from a foundation. Is this a beginning of a new trend – cooperation between the WHO

and the private sector?

BRUNDTLAND: I think what happened there was two foundations, the UN Foundation – you can say it's a private foundation, but it is indeed one with ideals to serve the international community and specially the United Nations family and the way we work together, so I saw this. And the other one was the Rockefeller Foundation. They both wanted to help the new leadership in the WHO with the renewal that I have planned and have set into motion to increase our ability to reach people and to improve the health situation, health in development, moving it up on the political agenda.

DEEN: So this would be the beginning of a new trend as far as WHO is concerned.

BRUNDTLAND: Well, of course, when you take over, you set certain priorities and try to raise the ambition and see how we can do an even better job in the future. So I have started on the 21st of July making a major renewal effort for the whole of the Organization and this has been given support by many governments, but also private foundations like these. But you are also right in saying I said 'we need to reach out'. The World Health Organization is a small organization compared to its enormous mandate and we need to work with partners, we need to mobilize resources, we need to create attention and awareness and we have to work with NGOs, civil society, and indeed, with the private sector. Think about the broad health technology and pharmaceutical companies which are serving and producing to the whole of the world market. What they do, the prices they have, the focus they give, can have as much effect on people's health situation and opportunities as many times what governments do.

PENKETH: To come back to what you said in your introduction about the re-emergence of some diseases – you mentioned tuberculosis and also the plague, I think, has even made a reappearance in some of the former Soviet Republics –

LITTLEJOHNS: Bubonic plague you mean?

PENKETH: Yes, yes. Is it only an issue of eradication of poverty because tuberculosis, I think, is also in some developed countries, isn't it reappearing? What are the issues?

BRUNDTLAND: You see the interesting thing, of course, is that poverty is not only a question for the developing world poverty is in most countries of the world and it's a question of the distribution of resources, the differences, the inequalities, not between countries only, but inside countries. And there is no question that poverty breeds ill health but on the other hand also ill health breeds poverty. So if we can invest in health we will increase the opportunity to move out of poverty and for people to bring up their children to be healthy adults and by that, not only increasing the human resource, but improving the economies of countries. So these links, I think, are important to understand but the emerging and re-emerging diseases show that when we maybe 20 years ago were optimistic in believing that we could treat tuberculosis, there were new medications. In my country, physicians 20 years ago, thought they had seen maybe the last case of tuberculosis in the Norwegian population because of the efficiency of the existing treatments. And in many other cases we eradicated small pox but we were not able to eradicate malaria that we have known for 30-34 years. it was not as easy as some people thought and there was a broad effort to try. Then HIV/AIDS nobody had heard about it 20 years ago and a completely new disease comes up, creating a pandemic of mortality and morbidity. It shows that we have to be on guard for new and emerging threats even in the infectious disease area and added to that burden is also the non-communicable – the cancers, the heart diseases, the mental health problems. And so developing countries are gradually getting a double disease burden – the traditional, the classical, the infectious, but added to that, modern lifestyle and the new diseases of the North.

PENKETH: But the WHO is also involved in diseases such as trying to find early warning for diseases for example, mad cow right? But people seem to talk of the WHO in terms of AIDS but mad cow disease was WHO looking at this when it emerged in Britain?

BRUNDTLAND. Well, we of course have a surveillance system building on collaborating centres around the world in different areas. The whole health field is enormous and research is all the time finding both new technologies and new treatments and also seeing new threats. And so we are a central intelligence, trying to pool the knowledge.

But in the case of the mad cow's disease that was, as you know, a surprise to the authorities in Britain and I don't know the history of that inside the WHO itself, but there are many such instances where you get new surprises and that's why cooperation across borders and the ability for early warning is an important aspect.

LITTLEJOHNS: Dr. Brundtland, from mad cow disease to tobacco, tell us about your tobacco-free initiative. Incidentally, this community in the United Nations is not tobacco-free as some of us who are non-smokers know to our cost, but tell us about your initiative?

BRUNDTLAND: Well, I noticed outside that people were smoking in the corridor.

LITTLEJOHNS: But I believe your headquarters in Geneva is tobacco-free.

BRUNDTLAND: Yes, it is. It is indeed. I launched two major projects, one was Roll Back Malaria, which we have presented today with three other UN agencies -- the World Bank, UNICEF and UNDP.

LITTLEJOHNS: Is that your highest priority now?

BRUNDTLAND: Well, it is one of two projects. The other one is the tobacco initiative. The malaria initiative illustrates the communicable disease, the re-emerging importance of malaria and the great burden of disease specially in Africa. And the worst part of that mortality also are children under five, and those deaths are preventable to a great extent with impregnated bed nets and with early treatment. Now the other initiative was the one you mentioned -- tobacco. The non-communicable diseases, the added disease burden, the lifestyle burden, is spreading strongly into the developing world. So while tobacco in many of countries of the North have been stopped in its increase and even have gone down in several countries it is now on the move and increasing in the developing world. And what happens is, we know the consequence. We know the number of deaths which will be down the road. Today there are 3.5 million deaths globally, tobacco-related deaths. We calculate ...

LITTLEJOHNS: This is from lung cancer?

BRUNDTLAND: And heart. Those are the most important issues. Now, when

you go down the line, 10-15 years, that number gets up to 10 million. So there is an increasing global burden, tobacco related and that burden, all that increase, will be in the developing world. And those countries have enough to suffer and enough to deal with already if they should not have these added and completely unnecessary tobacco burden on top of it. And I think that is why we really make a broad effort to spread the message about the health realities and to try to give advice and the World Bank, UNICEF and WHO are working together on it. The World Bank giving advice on taxation, we have to give the health advice and UNICEF of course especially focus on children. But I think the child and youth issue is the worst in this case because here we have a product that is all over the world. It reaches into the community and children and young people, long before they have any freedom of choice, get addicted to nicotine. And we, as parents and societies, are responsible, I think, to prevent children from this burden.

LITTLEJOHNS: Dr. Brundtland, let me interrupt you a moment. This is **World Chronicle.** Our guest is Dr. Gro Harlem Brundtland, Director-General of the World Health Organization. Continue please. If you want to talk some more about tobacco ...

BRUNDTLAND: No, I think ...

DEEN: I want to follow-up on tobacco. Is there an attempt to draft a new international convention against tobacco smoking and what is the role of the WHO? And tell me will this convention be feasible because even the United Nations itself have not been able to declare this entire building smoke-free because most of the delegates, or some of the delegates, say it is their sovereign right as a member state and you cannot place any restrictions. Even the committee rooms.

BRUNDTLAND: That's why I think those kinds of arguments illustrate my point. For grown up people we can give advice, we can give the knowledge and they can make their choices knowing what risk there is and making that evaluation. But with regard to children and young people, long before they reach the 18 year age of being voters and adults, they get into, you know, are invited by society into a habit that can give them life-long trouble. Now, I think in many countries, there is not enough knowledge about the facts of tobacco so we need to spread that message – the knowledge of what evidence we

have about the consequences. And then, of course, there will be democratic decision-making in each country and there will be a cooperation across countries about whether to make a framework convention. Now the Health Assembly has called for such a convention two years ago. We will start working on it ..

DEEN: Is there a draft on that?

BRUNDTLAND: We are working on that now.

LITTLEJOHNS: What kind of convention?

BRUNDTLAND: You see, if we can have agreement on fighting smuggling, on having certain agreements about taxation on tobacco, on advising not to have advertisement or sponsoring with regard to tobacco, those are the kinds of aspects which are there in many countries already because they have a policy to try to prevent the consumption of tobacco in their countries. But what happens now is that many of these countries who have in their own societies, introduced regulations they are exporting to the developing world that do not have these laws and regulations. So we need to discuss this across the board and it is much easier for countries to have a policy if they have a pattern of solidarity across borders otherwise, they will say, why should we have high taxation because people will then buy from the neighbouring country. You know, those things are important in many health and environmental matters globally.

LITTLEJOHNS: So the Marlboro Man has immigrated to Africa, for example.

BRUNDTLAND: Absolutely. And nobody stops him there, you see, in most cases.

PENKETH: So much for tobacco. What about malaria, the other priority you mentioned, the campaign which has just been launched? Why is there no vaccine against malaria?

BRUNDTLAND: Well, I think there are two reasons. It is not an easy task to make a vaccine in the case of malaria. That has to do with the cause of the disease, the complexity of the... It's not a virus like measles and things that we have made childhood vaccinations that have really taken away a dangerous disease – polio and others – this a plasmodium. It is a parasite. It is a more complex body to say it that way. And it is more

difficult to find a vaccine, but many are working on it. And the project itself will be inspiring and trying to pool together resources to make a greater effort on looking for the vaccine and supporting the research that goes on to try to find a vaccine. Maybe, in 10 or 15 years, we have a vaccine but it is a challenge. But in any case we need better drugs because we have resistant drugs now or resistant traits of the disease which are not treatable by the drugs that 10 or 15 years ago were effective, are in many cases now not effective. So we need new drugs to develop in order to treat the disease and cure people.

PENKETH: But people say that the drugs companies themselves are not really interested in developing more because malaria in fact attacks poor people in poor countries so what is in it for them?

BRUNDTLAND: That is why we need to go together across borders and look upon it as an obligation to try across the public and the private sector, across the UN institutions and the companies and the scientific community to try to bridge that gap because it is a disease of the poor and the disadvantaged. As much effort has not gone into it as it deserves when you count the mortality and the morbidity and the total burden on developing countries.

LITTLEJOHNS: Dr. Brundtland, back to tobacco for a minute. The tobacco industry is very powerful. It has a very powerful lobby in the United States, in Washington. Have you encountered any opposition from the United States or other countries with strong tobacco interests to your campaign?

BRUNDTLAND: We have, of course, just started this effort and it is a long term effort. Of course, there will be firms and interests that have another agenda. But we have to pursue the health agenda and we have a lot of support because in the United States there are many people who are aware. In fact, this country has rules and regulations which are better than many other places because they try to defend their own people and their own children against the threat of tobacco. So the understanding in the United States for this should be possible to attain.

PENKETH: But the tobacco industry seems to think that in this country at least they can just pay its way out of the problem.

BRUNDTLAND: That is a complicated issue. On the one hand you can say that the court case which decided that principle was an important breakthrough because indeed the tobacco companies had to give their evidence. They had to deliver documents that had been concealed from the public and showed that the tobacco companies for many, many years have known that nicotine is addictive. They have known about the dangers and they have gone out of their way to avoid some of that knowledge being spread. So in that sense the court case was important because this library of knowledge is there for civil society to use and that is due to the lawyers that really fought that battle. And they are on board helping the tobacco project in identifying the evidence base and working on it.

DEEN: Dr. Brundtland, do you have adequate funding for your plan of action – to implement your plan of action? You know the UN is of course facing a major financial crisis does the WHO face a crisis or do you have adequate funding?

BRUNDTLAND: I would not say we have adequate funding but for these initiatives we have been able to mobilize foundations – we mentioned them earlier – to support us. And we have half of our budget, it is the regular budget, which is paid by the fees from the different membership countries. The other half are voluntary contributions by governments who give extra-budgetary funds and by foundations and the private sector.

DEEN: How big is your budget, your annual budget?

BRUNDTLAND: It is 800 million dollars for a biennium in the regular budget and about the same in extra budgetary resources. But we need funding and so we go out to the donor community, explain our programmes, the importance of the issues and we do get response.

LITTLEJOHNS: How many staff do you have, Dr. Brundtland?

BRUNDTLAND: Totally, around the world, at country, regional and headquarters level, there are about 3,500-4,000 staff.

LITTLEJOHNS: Is that all?

BRUNDTLAND: Yes. That is why I said it is a small organization compared to the mandate.

PENKETH: The budget is the equivalent of a teaching hospital, something like that?

BRUNDTLAND: Something like this – something like that.

LITTLEJOHNS: Do you do research as well? I mean, do you do medical research?

BRUNDTLAND: Some research but we build on the research of generally the universities of the world and our collaborating centres but we inspire research by working with the private sector, as I mentioned here in the malaria case. We go, together with partners, to try to inspire research in certain areas where it is needed as in the case of malaria where the journalist was mentioning there is not a good market looking at it from a profit point of view, but we must help bridge those gaps.

LITTLEJOHNS: Dr. Brundtland, that's all the time we have. Thank you for being with us on this edition of World Chronicle. Our guest has been Dr. Gro Harlem Brundtland, Director-General of the World Health Organization. She was interviewed by Thalif Deen of *Inter Press Service* and Anne Penketh of *Agence France-Presse, AFP.*

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **World Chronicle.**